

APPEALS - COASTAL GUIDE

San Luis Obispo County Department of Planning and Building

7/25/08

Many actions taken by the Department of Planning and Building staff, Building Official may be appealed. Actions by the Planning Department Hearing Officer, Subdivision Review Board, or Planning Commission, to approve or deny a permit application, may be appealed by the applicant or member of the public. In the Coastal Zone, many actions can also be appealed to the California Coastal Commission.

If you wish to appeal a decision, an appeal form must be completed and received by the Records Management Division accompanied by the required fee no later than 14 calendar days after the action, or 7 calendar days after the approval of a "Site Plan" type of land use permit.

Please state the reasons for your appeal as clearly as possible, setting out all of the facts, conditions, and considerations concerning your case under the section entitled "Basis for Appeal" on the form. You may, if you wish, submit a more detailed letter in addition to the required form.

After an appeal has been filed, staff will prepare a response and schedule an appeal hearing. The hearing will be held by the Planning Commission, Board of Supervisors or other Review Authority whichever is so specified under the appropriate Ordinance. You will be notified by mail of the date, time and place of the hearing. It is best that you attend the scheduled appeal hearing so that you may answer any questions that may arise concerning the application and the appeal.

If you are filing an appeal in the Coastal Zone on development not appealable to the California Coastal Commission or on appealable development that is not based upon specific Coastal Act grounds please use the Coastal Form. If however you wish to appeal an appealable coastal project based upon Coastal Zone grounds then you must use the form entitled Coastal Appealable Form.

FEES

When an appeal is requested the following fees apply, depending on which Review Authority you are before, and what type of application you are processing. The fees cover the cost of advertising and mailing, as well as staff evaluation of the appeal and staff report preparation.

APPEALED FROM	APPEALED TO	FEE
Staff Curb, Gutter & Sidewalk Waiver- \$ If waiver is denied	Board of Supervisors	\$ 221.00
Planning Director Interpretation	Planning Commission	\$ 552.00
Planning Director Public Facilities Fees	Board of Supervisors	\$ 560.00
Planning Director Growth Management Ordinance	Planning Commission	\$ 617.00 + RTB
Building Official	Board of Construction Appeals Board of Handicapped Access	\$ 552.00
Subdivision Review Board	Board of Supervisors	\$ 560.00
Hearing Officer	Board of Supervisors	\$ 560.00
Planning Commission	Board of Supervisors	\$ 560.00

* RTB means the applicant will be billed for costs in excess of fees collected

If you have any questions, please contact the Records Management Division at (805) 781-5718.

COASTAL APPEALABLE FORM

San Luis Obispo County Department of Planning and Building

7/25/08

Please Note: An appeal should be filed by an aggrieved person or the applicant at each stage in the process if they are still unsatisfied by the last action.

PROJECT INFORMATION Name: _____ File Number: _____

Type of permit being appealed:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Plot Plan | <input type="checkbox"/> Site Plan | <input type="checkbox"/> Minor Use Permit | <input type="checkbox"/> Development Plan |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Land Division | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Other: _____ |

The decision was made by:

- | | | |
|--|--|--|
| <input type="checkbox"/> Planning Director (Staff) | <input type="checkbox"/> Building Official | <input type="checkbox"/> Planning Department Hearing |
| <input type="checkbox"/> Subdivision Review Board | <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Other _____ |

Date the application was acted on: _____

The decision is appealed to:

- | | |
|--|--|
| <input type="checkbox"/> Board of Construction Appeals | <input type="checkbox"/> Board of Handicapped Access |
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Board of Supervisors |

BASIS FOR APPEAL

☐ INCOMPATIBLE WITH THE LCP. The development does not conform to the standards set forth in the Certified Local Coastal Program of the county for the following reasons (attach additional sheets if necessary).

Explain: _____

☐ INCOMPATIBLE WITH PUBLIC ACCESS POLICIES. The development does not conform to the public access policies of the California Coastal Act - Section 30210 et seq of the Public Resource Code (attach additional sheets if necessary).

Explain: _____

List any conditions that are being appealed and give reasons why you think it should be modified or removed.

Condition Number _____ Reason for appeal (attach additional sheets if necessary)

APPELLANT INFORMATION

Print name: _____

Address: _____ Phone Number (daytime): _____

I/We are the applicant or an aggrieved person pursuant to the Coastal Zone Land Use Ordinance (CZLUO) and are appealing the project based on either one or both of the grounds specified in this form, as set forth in the CZLUO and State Public Resource Code Section 30603 and have completed this form accurately and declare all statements made here are true.

Signature _____

_____ Date

OFFICE USE ONLY

Date Received: _____

Amount Paid: _____

By: _____

Receipt No. (if applicable): _____

COASTAL APPEAL FORM

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Please Note: An appeal should be filed by an aggrieved person or the applicant at each stage in the process if they are still unsatisfied by the last action.

PROJECT INFORMATION Name: _____ File Number: _____

Type of permit being appealed:

- ☐ Plot Plan ☐ Site Plan ☐ Minor Use Permit ☐ Development Plan/Conditional Use Permit
☐ Variance ☐ Land Division ☐ Lot Line Adjustment ☐ Other: _____

The decision was made by:

- ☐ Planning Director (Staff) ☐ Building Official ☐ Planning Department Hearing
☐ Subdivision Review Board ☐ Planning Commission ☐ Other _____

Date the application was acted on: _____

The decision is appealed to:

- ☐ Board of Construction Appeals ☐ Board of Handicapped Access
☐ Planning Commission ☐ Board of Supervisors

BASIS FOR APPEAL

State the basis of the appeal. Clearly state the reasons for the appeal. In the case of a Construction Code Appeal, note specific code name and sections disputed). (Attach additional sheets if necessary)

List any conditions that are being appealed and give reasons why you think it should be modified or removed.

Condition Number _____ Reason for appeal (attach additional sheets if necessary)

APPELLANT INFORMATION

Print name: _____

Address: _____

Phone Number (daytime): _____

We have completed this form accurately and declare all statements made here are true.

Signature

Date

OFFICE USE ONLY

Date Received: _____

By: _____

Amount Paid: _____

Receipt No. (if applicable): _____